PLAINTIFF/PETITIONER/MOVANT'S NAME LEROY V	VIIIISUR TIFICIANO		
PRISON NUMBER CENTRAL JAIL	2008 HAY -9 PM 2: 24		
PLACE OF CONFINEMENT SANDIEGO	A LIFORNIA DUTHERN DISTRICT OF CALIFORNIA DEPUTY		
ADDRESS 1173 FROM 5	DCA 2254_1983_		
	FILING FEE PARD Yes No		
	HP MOTION FILED Yes Ne		
United States District Court Southern District Of California			
LEROY WILLPS JR	Civil No. (To be filled in by U.S. District Court Clerk)		
Plaintiff/Petitioner/Movant W-B. Kollender RICHARD LIEKWEG Defendant/Respondent	MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS		
I, declare that I am the Plaintiff/Petitioner/Movant in this caprepayment of fees or security under 28 U.S.C. § 1915, I proceeding or give security because of my poverty, and the	further declare I am unable to pay the fees of this		
If "Yes," state the place of your incarceration Are you employed at the institution?	llowing question under penalty of perjury: "No" go to question 2) Yes No Yes No		
	this affidavit and attach a certified copy of the trust account		
CIV-67 (Rev. 9/97)	::ODMA\PCDOCS\WORDPERFECT\22835\1		

If you are a prisoner you <u>must</u> have an officer from to the amount of money in your prison account. The		ate as
PRISON CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)		
I certify that the applicant	Willis, Leroy (Name of Inmate)	10-14 ₀
Bookin	ng No. 7770645	
Bookin	(Inmate's CDC Number)	
has the sum of \$ 50.07 on a	ccount to his/her credit at	
SAN DIEG	O CENTRAL JAIL	
	e of Institution)	
I further certify that the applicant ha	as the following securities	NONE
to his/her credit according to the rec	ords of the aforementioned	•
institution. I further certify that dur	ring the past six months	
the applicant's average monthly balance	e was\$	\$10.01
& the average monthly deposit to the appl	licant's account was\$	\$47.00
STATEMENT SHOWING TRANS	CERTIFIED COPY OF THEIR TRUST ACCOUNT SACTIONS FOR THE SIX-MONTH PERIOD THE COMPLAINT PER 28 U.S.C. § 1915(a	n)(2).
March 28, 2008	Januar, Businessian Signature of Authorized Officer Of	FINSTITUTION
I, the undersigned custodian of records, certify that the attached is a true and correct copy of the original document on file in the Records Division of the San Diego County Sheriff's Department. SHERIFF OF SAN DIEGO COUNTY By July 2003-38.08	Lt. James R. Birdse OFFICER'S FULL NAME (PRINT) Assistant Facility Comman OFFICER'S TITLE /RANK	ong ED)
civ-67 (Rev. 9/97)	K:\COMMON\FORM	MS\CIV-67

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION (Incarcerated applicants only)

(This form MUST be completed by the <u>prisoner</u> requesting to proceed <u>in forma pauperis</u>. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed <u>in forma pauperis</u>.)

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$350 (civil complaint) or \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 7- 28-08

SIGNATURE OF PRISONER